CASE 10

Case 10

ALFRED STATE MEDICAL CENTER
100 MAIN ST, ALFRED, NY 14802
(607) 555-1234
HOSPITAL #: 000999

INPATIENT FACE SHEET

PATIENT NAME AND ADDRESS	GENDER	RACE	MARITAL STATUS	PATIENT NO.
PAULSON, Paula P. 49 Hillbottom Way Alfred, NY 14802	F	W	M	Case10
	DATE OF BIRTH		MAIDEN NAME	OCCUPATION
	01-20-YYYY		King	Waitress

ADMISSION DATE	TIME	DISCHARGE DATE	TIME	LENGTH OF STAY	TELEPHONE NUMBER
04-26-YYYY	16:00	05-01-YYYY	09:30	05 DAYS	(607) 555-2836

GUARANTOR NAME AND ADDRESS		NEXT OF KIN NAME AND ADDRESS	
PAULSON, Patrick 49 Hillbottom Way Alfred, NY 14802		PAULSON, Patrick 49 Hillbottom Way Alfred, NY 14802	
GUARANTOR TELEPHONE NO.	RELATIONSHIP TO PATIENT	NEXT OF KIN TELEPHONE NUMBER	RELATIONSHIP TO PATIENT
(607) 555-2836	Husband	(607) 555-2836	Husband
ADMITTING PHYSICIAN	SERVICE	ADMIT TYPE	ROOM NUMBER/BED
Thompson MD, Donald	Medical	2	0367/01
ATTENDING PHYSICIAN	ATTENDING PHYSICIAN UPIN	ADMITTING DIAGNOSIS	
Thompson MD, Donald	100B01	Congestive Heart Failure	
PRIMARY INSURER	POLICY AND GROUP NUMBER	SECONDARY INSURER	POLICY AND GROUP NUMBER
BCBS	432763201 77690	Empire Plan	5739057512

DIAGNOSES AND PROCEDURES	ICD-9-CM	ICD-10-CM/PCS
PRINCIPAL DIAGNOSIS		
Acute Bronchitis	491.22	J20.8
SECONDARY DIAGNOSES		
Chronic obstructive pulmonary disease	496	J44.9
Restrictive Lung Disease	518.89	J98.4
Congestive heart failure	428.0	I50.9
PRINCIPAL PROCEDURE		
SECONDARY PROCEDURES		
TOTAL CHARGES: $ 7,236.95		

ACTIVITY: ☐ Bedrest ☒ Light ☐ Usual ☐ Unlimited ☐ Other:
DIET: ☐ Regular ☐ Low Cholesterol ☐ Low Salt ☐ ADA ☐ _____ Calorie
FOLLOW-UP: ☒ Call for appointment ☒ Office appointment in 2 wks Other:
SPECIAL INSTRUCTIONS: Go to Pulmonary lab for blood test 1 hr before appt
Signature of Attending Physician: Donald Thompson, MD

PAULSON, Paula P
Case 10
Dr Thompson

Admission: 04-26-YYYY
DOB: 01-20-YYYY
ROOM: 0367

CONSENT TO ADMISSION

I, Paula P Paulson hereby consent to admission to the Alfred State Medical Center (ASMC), and I further consent to such routine hospital care, diagnostic procedures, and medical treatment that the medical and professional staff of ASMC may deem necessary or advisable. I authorize the use of medical information obtained about me as specified above and the disclosure of such information to my referring physician(s). This form has been fully explained to me, and I understand its contents. I further understand that no guarantees have been made to me as to the results of treatments or examinations done at the ASMC.

Paula P. Paulson — Signature of Patient
April 26, YYYY — Date

Signature of Parent/Legal Guardian for Minor — Date

Relationship to Minor

Andrea Witteman — WITNESS: Alfred State Medical Center Staff Member
April 26, YYYY — Date

CONSENT TO RELEASE INFORMATION FOR REIMBURSEMENT PURPOSES

In order to permit reimbursement, upon request, the Alfred State Medical Center (ASMC) may disclose such treatment information pertaining to my hospitalization to any corporation, organization, or agent thereof, which is, or may be liable under contract to the ASMC or to me, or to any of my family members or other person, for payment of all or part of the ASMC's charges for services rendered to me (e.g., the patient's health insurance carrier). I understand that the purpose of any release of information is to facilitate reimbursement for services rendered. In addition, in the event that my health insurance program includes utilization review of services provided during this admission, I authorize ASMC to release information as is necessary to permit the review. This authorization will expire once the reimbursement for services rendered is complete.

Paula P. Paulson — Signature of Patient
April 26, YYYY — Date

Signature of Parent/Legal Guardian for Minor — Date

Relationship to Minor

Andrea Witteman — WITNESS: Alfred State Medical Center Staff Member
April 26, YYYY — Date

ALFRED STATE MEDICAL CENTER ■ 100 MAIN ST, ALFRED, NY 14802 ■ (607)3555-1234

PAULSON, Paula P Admission 04-26-YYYY
Case ID DOB 01-20-YYYY
Dr. Thompson ROOM 0367

ADVANCE DIRECTIVE

Your answers to the following questions will assist your Physician and the Hospital to respect your wishes regarding your medical care. This information will become a part of your medical record.

	YES	NO	PATIENT'S INITIALS
1. Have you been provided with a copy of the information called "Patient Rights Regarding Health Care Decision?"	X		PP
2. Have you prepared a "Living Will?" If yes, please provide the Hospital with a copy for your medical record.		X	PP
3. Have you prepared a Durable Power of Attorney for Health Care? If yes, please provide the Hospital with a copy for your medical record.		X	PP
4. Have you provided this facility with an Advance Directive on a prior admission and is it still in effect? If yes, Admitting Office to contact Medical Records to obtain a copy for the medical record.		X	PP
5. Do you desire to execute a Living Will/Durable Power of Attorney? If yes, refer to in order: a. Physician b. Social Service c. Volunteer Service		X	PP

HOSPITAL STAFF DIRECTIONS: Check when each step is completed.

1. ✓ Verify the above questions where answered and actions taken where required.
2. ✓ If the "Patient Rights" information was provided to someone other than the patient, state reason:

_____

_____ _____
Name of Individual Receiving Information Relationship to Patient

3. ✓ If information was provided in a language other than English, specify language and method.
4. ✓ Verify patient was advised on how to obtain additional information on Advance Directives.
5. ✓ Verify the Patient/Family Member/Legal Representative was asked to provide the Hospital with a copy of the Advance Directive which will be retained in the medical record.

File this form in the medical record, and give a copy to the patient.

_____
Name of Patient (Name of Individual giving information if different from Patient)

Paula P. Paulson April 26, YYYY
Signature of Patient Date

Andrea Williams April 26, YYYY
Signature of Hospital Representative Date

ALFRED STATE MEDICAL CENTER ■ 100 MAIN ST., ALFRED, NY 14802 ■ (607) 555-1234

PAULSON, Paula P — Admission 04-26-YYYY
Case10 — DOB 01-20-YYYY
Dr Thompson — ROOM 0367

PROGRESS NOTES

Date	(Please skip one line between dates.)
4-26	Chief Complaint: Shortness of breath.
	Diagnosis: CHF
	Plan of Treatment: See orders.
04-26	HHN w/ 0.25 ml Proventil + NSS tx given. Pt. tol. tx well. P 72 + RR [illegible]
920	BS clear [illegible] w/ green sputum O2 off pt [illegible]
	D. Davenport CPT
04-26	[illegible] BS rhonchi + wheezes · pt tol tx well [illegible] NPC
1299	O2 on 3l n/c pre + post tx
	D. Davenport CPT
04-27	Pt. is less short of breath today. Weight ↓ 6 lbs. But still has a lot of rales
	at bases. Continue same treatment.
	Donald Thompson, MD
04-27	HH neb Rx w/ 2.5 ml Proventil + NSS P 72 – RR 24 BS rales + exp wheezes L NPC
0715	SAT 90% on 3l · pt. tol rx well L. Seraphin CPT
04-27	HH neb Rx w/ 2.5 ml Proventil + NSS P 72 – RR 24 BS rales + wheezes NPC
1140	O2 3l n/c pre + post Respirdyne done.
	L. Seraphin CPT
04-27	HH neb Rx w/ 2.5 ml Proventil + NSS P 72 – RR 20 BS ↓ d NPC O2 on 3l pt. tol rx
1520	Well w/ fine rales bases.
	L. Seraphin CPT

ALFRED STATE MEDICAL CENTER ■ 100 MAIN ST, ALFRED, NY 14802 ■ (607) 555-1234

PAULSON, Paula P — Admission 04-26-YYYY
Case10 — DOB 01-20-YYYY
Dr Thompson — ROOM 0367

PROGRESS NOTES

Date	(Please skip one line between dates.)
04-27	HHN 2.5mg Proventil ℓ NSS BS ↓ l'd L ↓'d R rales ½ up bilat. LNPC; HR 80; R 20 O2 at NC
1940	E. Blossom, CPT
04-28	Hhn rx w/ 05 ml Albuterol/nss BS ↓ w/ rales bilaterally +bases NPC at this time.
0710	P 98 RR 20 stable O2 on 3l nc. pre + post rx
	L. Seraphin, CPT
04-28	Pt. sleeping well with no orthopnea or PND. Rales diminished in bases.
	Donald Thompson, MD
04-28	Hhn rx w/ 05 ml Albuterol/nss BS rales in bases bilaterally, NPC
1100	O2 on 3l nc.
	L. Seraphin, CPT
04-28	Rx as above. BS rales bilaterally in bases NPC O2 on 3l nc.
1500	L. Seraphin, CPT
04-28	HHN 2.5mg Proventil ℓ NSS BS l'd L ↓'d R rales ½ up bilat. LNPC; HR 78; R 20 O2 3l nc pre ℓ post
1900	E. Blossom, CPT
04-29	Hhn w/ 2.5 ml Proventil / NSS tx given Pt rpt to wait PBI + RT
0710	B.S clear w/ few sc scattered rales PC w/ clear sputum O2 3l nc pre + post rx
	L. Seraphin, CPT
04-29	Pt. is steadily improving with breather, few rales at bases yet, will ↑ Act.
	Home tomorrow if stable. Donald Thompson, MD

ALFRED STATE MEDICAL CENTER ■ 100 MAIN ST. ALFRED, NY 14802 ■ (607) 555-1234

PAULSON, Paula P Admission 04-26-YYYY
Case10 DOB 01-20-YYYY
Dr Thompson ROOM 0367

DOCTORS ORDERS

Date	Time	Physician's signature required for each order. (Please skip one line between dates.)
[illegible]	[illegible]	[illegible]
		[illegible]
		[illegible]
		[illegible]
		[illegible]
		[illegible]
		[illegible]
		[illegible]
		[illegible]
		[illegible]
		[illegible]
		[illegible]
		[illegible]
04-26		T4 & TSH D Thompson, MD
04-27	1025	B UN & lytes in AM D Thompson, MD
04-28		O2 SAT in AM on Room air
		Ceftin 250 p.o. D Thompson, MD
04-29	0150	Tylenol 650 mg PO Q4° pm pain or fever
		R_AV. To Dr Thompson if HR D Thompson, MD
04-30	1100	Cancel O2 sat for today. Chest X-ray in am. Weigh daily.
		ABG room air. Lanoxin level, B UN, Digoxin level Lasix 40 po bid.
		D Thompson MD

ALFRED STATE MEDICAL CENTER ■ 100 MAIN ST, ALFRED, NY 14802 ■ (607) 555-1234

PAULSON, Paula P Admission: 04-26-YYYY
Case10 DOB: 01-20-YYYY
Dr Thompson ROOM: 0367

DOCTORS ORDERS

Date	Time	Physician's signature required for each order. (Please skip one line between dates.)
[illegible]	[illegible]	[illegible]
		[illegible] D Thompson, MD
[illegible]	[illegible]	[illegible]
		R.A.V. [illegible] D Thompson, MD
04-30	0955	Do diffusion capacity with PFT
		R.A.V. T.O. Dr. Thompson D Thompson, MD
[illegible]	[illegible]	Instruct pt. on H.A.S. diet
		[illegible] D Thompson, MD
05-01		Discharge.
		D Thompson MD

Alfred State Medical Center ■ 100 Main St, Alfred, NY 14802 ■ (607) 555-1234

PAULSON, Paula P Admission 04-26-YYYY
Case10 DOB 01-20-YYYY
Dr Thompson ROOM 0367

LABORATORY DATA

SPECIMEN COLLECTED: 04-27-YYYY SPECIMEN RECEIVED: 04-27-YYYY

BLOOD PROFILE

TEST	RESULT	FLAG	REFERENCE
HIV	**Neg**		

End of Report

ALFRED STATE MEDICAL CENTER ■ 100 MAIN ST, ALFRED, NY 14802 ■ (607) 555-1234

PAULSON, Paula P
CaseID
Dr Thompson

Admission: 04-26-YYYY
DOB: 01-20-YYYY
ROOM: 0367

LABORATORY DATA

SPECIMEN COLLECTED: 04-26-YYYY

SPECIMEN RECEIVED: 04-26-YYYY

CBC c DIFF

TEST	RESULT	FLAG	REFERENCE
WBC	7.4		4.5-11.0 thous/UL
RBC	5.02	**L**	5.2-5.4 mill/UL
HGB	15.0		11.7-16.1 g/dl
HCT	45.8		35.0-47.0 %
MCV	91.2		85-99 fL
MCHC	32.8	**L**	33-37
RDW	15.2	**H**	11.4-14.5
Platelets	165		130-400 thous/UL
MPV	8.4		7.4-10.4
LYMPH %	21.1		20.5-51.1
MONO %	7.8		1.7-9.3
GRAN %	71.1		42.2-75.2
LYMPH x 10^3	1.6		1.2-3.4
MONO x 10^3	.6	**H**	0.11-0.59
GRAN x 10^3	5.3		1.4-6.5
EOS x 10^3	< .7		0.0-0.7
BASO x 10^3	< .2		0.0-0.2
ANISO	SLIGHT		

End of Report

ALBEE STATE MEDICAL CENTER ■ 100 MAIN ST, ALBEE, NY 13802 ■ (607)555-1234

PAULSON, Paula P Admission: 04-26-YYYY
Case10 DOB: 01-20-YYYY
Dr Thompson ROOM: 0367

LABORATORY DATA

SPECIMEN COLLECTED: 04-26-YYYY SPECIMEN RECEIVED: 04-26-YYYY

URINALYSIS – DIPSTICK ONLY

TEST	RESULT	FLAG	REFERENCE
COLOR	YELLOW		
SP GRAVITY	1.020		≤ 1.030
GLUCOSE	NEG		≤ 125 mg/dl
BILIRUBIN	NEG		≤ 0.8 mg/dl
KETONE	NEG		≤ 10 mg/dl
BLOOD	NEG		0.06 mg/dl hgb
PH	5.5		5-8.0
PROTEIN	NEGATIVE		≤ 30 mg/dl
UROBILINOGEN	NORMAL		≤ 1 mg/dl
NITRITES	NEG		NEG
LEUKOCYTE	NEG		≤ 15 WBC/hpf
EPITH	10-15		/lpf
W.B.C.	1-2		≤ 5/hpf
R.B.C.	1-2		≤ 5/hpf
BACT.	RARE		1+(≤ 20/hpf)

End of Report

ALFRED STATE MEDICAL CENTER ■ 100 MAIN ST, ALFRED, NY 14802 ■ (607) 555-1234

PAULSON, Paula P Admission 04-26-YYYY
CaseID DOB 01-20-YYYY
Dr Thompson ROOM 0367

LABORATORY DATA

SPECIMEN COLLECTED: 04-26-YYYY SPECIMEN RECEIVED: 04-26-YYYY

UNIT WORKUP PANEL

TEST	RESULT	FLAG	REFERENCE
Sodium	145		136-147 MEQ/L
Potassium	5.1		3.7-5.1 MEQ/L
Chloride	103		98-108 MEQ/L
TOTAL CO2	38	**H**	24-32 MEQ/L
Urea Nitrogen	14		7-18 mg/dl
Creatine Kinase	43		21-215 U/L
Lactic Dehydrogenase	150		100-190 U/L
Alkaline Phosphatase	120		50-136 U/L
GLUCOSE	86		70-110 mg/dl
SGOT	24		15-37 U/L
Creatinine	0.9		0.6-1.0 mg/dl
Calcium	9.3		8.8-10.5 mg/dl
Phosphorus	4.3		2.5-4.9 mg/dl
Total Bilirubin	0.5		0.0-1.1 mg/dl
Total Protein	7.0		6.4-8.2 g/dl
Albumin	3.2	**L**	3.4-5.0 g/dl
Uric Acid	9.3	**H**	2.6-5.6 mg/dl
Cholesterol	157		≤ 200mg/dl
CKMD	1.5		0.0-6.0 ng/ml

End of Report

ALFRED STATE MEDICAL CENTER ■ 100 MAIN ST, ALFRED, NY 14802 ■ (607) 555-1234

PAULSON, Paula P Admission 04-26-YYYY
Case10 DOB 01-20-YYYY
Dr Thompson ROOM 0367

LABORATORY DATA

SPECIMEN COLLECTED: 04-27-YYYY SPECIMEN RECEIVED: 04-27-YYYY

CARDIAC PROFILE

TEST	RESULT	FLAG	REFERENCE
Creatine Kinase	35		21-215 U/L
CKMD	0.7		0.0-6.0 ng/ml

End of Report

ALFRED STATE MEDICAL CENTER ■ 100 MAIN ST, ALFRED, NY 14802 ■ (607) 555-1234

PAULSON, Paula P Admission: 04-26-YYYY
Case10 DOB: 01-20-YYYY
Dr. Thompson ROOM: 0367

LABORATORY DATA

SPECIMEN COLLECTED: 04-28-YYYY SPECIMEN RECEIVED: 04-28-YYYY

TEST	RESULT	FLAG	REFERENCE
ELECTROLYTES PANEL			
Sodium	141		136-147 MEQ/L
Potassium	4.5		3.7-5.1 MEQ/L
Chloride	94	**L**	98-108 MEQ/L
Total CO_2	35	**H**	24-32 MEQ/L
UREA NITROGEN	16		7-18 MG/DL
THYROID PANEL			
T4	5.2		4.9-10.7 UG/DL
TSH	1.28		0.38-6.15 UIU/ML

End of Report

UNITED STATE MEDICAL CENTER ■ 100 MAIN ST., ALFRED, NY 14802 ■ (607) 555-1234

PAULSON, Paula P. Admission: 04-26-YYYY
Case10 DOB 01-20-YYYY
Dr Thompson ROOM 0367

LABORATORY DATA

SPECIMEN COLLECTED: 04-30-YYYY SPECIMEN RECEIVED: 04-30-YYYY

TEST	RESULT	FLAG	REFERENCE
ELECTROLYTES	PANEL		
Sodium	140		136-147 MEQ/L
Potassium	5.2	**H**	3.7-5.1 MEQ/L
Chloride	92	**L**	98-108 MEQ/L
Total CO_2	34	**H**	24-32 MEQ/L
UREA NITROGEN	25	**H**	7-18 MG/DL
DIGOXIN	1.6		0.5-2.0 NG/ML
DIGOXIN NOTE	REF.INT=RX LEVEL AT PEAK TISSUE LEVEL > 6 HRS POST ORAL DOSE. OTHER FACTORS MAY AFFECT LEVEL AND ACTIVITY.		

End of Report

ALFRED STATE MEDICAL CENTER ■ 100 MAIN ST, ALFRED, NY 14802 ■ (607)555-1234

PAULSON, Paula P. Admission: 04-26-YYYY
Case10 DOB: 01-20-YYYY
Dr. Thompson ROOM: 0367

RADIOMETRY

SPECIMEN COLLECTED: 04-26-YYYY SPECIMEN RECEIVED: 04-26-YYYY

TEST	RESULT	REFERENCE
BLOOD GAS VALUES		
pH	7.340	
pCO2	62.1	mmHg
pO2	44.5	mmHg
TEMPERATURE CORRECTED VALUES		
pH(98.6°)	7.340	
pCO2(98.6°)	62.1	mmHg
pO2(98.6°)	44.5	mmHg
ACID BASE STATUS		
HCO3c	32.6	mmol/L
ABEc	5.3	mmol/L
BLOOD OXIMETRY VALUES		
tHb	14.5	g/dL
O2Hb	78.3	%
COHb	1.0	%
MetHb	0.7	%

End of Report

ALFRED STATE MEDICAL CENTER ■ 100 MAIN ST, ALFRED, NY 14802 ■ (607) 555-1234

PAULSON, Paula P Admission 04-26-YYYY
Case10 DOB 01-20-YYYY
Dr Thompson ROOM 0367

RADIOMETRY

SPECIMEN COLLECTED: 04-30-YYYY SPECIMEN RECEIVED: 04-30-YYYY

TEST	RESULT	REFERENCE
BLOOD GAS VALUES		
pH	7.385	
pCO2	67.7	mmHg
pO2	40.3	mmHg
TEMPERATURE CORRECTED VALUES		
pH(98.6°)	7.385	
pCO2(98.6°)	67.7	mmHg
pO2(98.6°)	40.3	mmHg
ACID BASE STATUS		
HCO3c	39.6	mmol/L
ABEc	11.2	mmol/L
BLOOD OXIMETRY VALUES		
tHb	16.3	g/dL
O2Hb	74.8	%
COHb	0.7	%
MetHb	0.7	%

End of Report

ADAMS STATE MEDICAL CENTER ■ 100 MAIN ST, ADAMS, NY 14802 ■ (607)555-1234

PAULSON, Paula P Admission: 04-26-YYYY
CaseID DOB: 01-20-YYYY
Dr. Thompson ROOM: 0367

RADIOLOGY REPORT

Initial Diagnosis/History: CHF

Date Requested: 04-26-YYYY

Transport: ☑ Wheelchair ☐ Stretcher ☑ O_2 ☐ IV

☐ IP ☑ OP ☐ ER ☐ PRE OP ☐ OR/RR ☐ Portable

Technical Data: PA and left Lat CXR T2 ↑. TBA. Shortness of breath.

CHEST: PA and lateral view show that the heart appears slightly enlarged compared to our study of 06-09-YYYY. The central pulmonary arteries are prominent and there is a tiny right pleural effusion. The left diaphragm is elevated with some overlying fibrosis but this is unchanged from previously.

CONCLUSION: Findings compatible with mild congestive heart failure.

DD: 04-26-YYYY

DT: 04-26-YYYY

Philip Rogers

Philip Rogers, M.D., Radiologist

ALFRED STATE MEDICAL CENTER ■ 100 MAIN ST., ALFRED, NY 14802 ■ (607) 555-1234

PAULSON, Paula P Admission 04-26-YYYY
Case10 DOB 01-20-YYYY
Dr Thompson ROOM 0367

NUCLEAR MEDICINE

Reason for Nuclear Scan: Ventilation Perfusion Scan. Determine the reason for poor oxygenation.

Date Requested: 04-30-YYYY

Transport: ☑ Wheelchair ☐ Stretcher ☑ O_2 ☐ IV

☑ IP ☐ OP ☐ ER ☐ PRE OP ☐ OR/RR ☐ Portable

VENTILATION PERFUSION LUNG SCAN: Following inhalation of technetium aerosol and intravenous injection as the MAA films were made of AP, PA and both lateral projections. The activity throughout both lungs is quite patchy which appears to be due to chronic lung disease or residual change from the patient's heart failure. I do not see any segmental perfusion defects or areas of mismatch to suggest an embolus.

CONCLUSION: No evidence of a pulmonary embolus.

DD: 04-30-YYYY

DT: 04-30-YYYY

Philip Rogers

Philip Rogers, M.D., Radiologist

ALFRED STATE MEDICAL CENTER ■ 100 MAIN ST, ALFRED, NY 14802 ■ (607) 555-1234

PAULSON, Paula P Admission 04-26-YYYY
CaseID DOB 01-20-YYYY
Dr Thompson ROOM 0367

RADIOLOGY REPORT

Initial Diagnosis/History: CHF.

Date Requested: 04-30-YYYY

Transport: ☑ Wheelchair ☐ Stretcher ☑ O_2 ☐ IV

☑ IP ☐ OP ☐ ER ☐ PRE OP ☐ OR/RR ☐ Portable

CHEST: PA and lateral views show that the interstitial markings are less prominent on today's film than they were in the previous study of 04-26. Other than this, there hasn't really been a significant change. There is no evidence of pneumonia and I certainly would not say that the patient has any congestive heart failure on the current study. There is abnormal elevation of the left diaphragm which is probably due to paralysis or eventration. The overall cardiac size has not increased.

CONCLUSION: Probable resolution of the mild CHF since 04-26.

DD: 04-30-YYYY

DT: 04-30-YYYY

Philip Rogers

Philip Rogers, M.D., Radiologist

ALBANY STATE MEDICAL CENTER ■ 100 MAIN ST., ALBANY, NY 14802 ■ (607) 555-1234